

SUMMER FOOD SERVICE PROGRAM SITE INFORMATION SHEET

SITE NAME:

AGENCY NAME: _____

SITE NUMBER: _____

AGREEMENT NUMBER: _____

VENDOR NUMBER: _____

CONTACT PERSON:

TELEPHONE NUMBER: ()

1. Period of operation:

Start date End date

2. Did site participate last year?

☐ Yes ☐ No

3. Pre-approval visit made (new site or previous site with problems)?

☐ Yes ☐ No

If no, date of planned visit:

4. Days per week to operate:

S M TU W TH F S
☐ ☐ ☐ ☐ ☐ ☐ ☐

List dates site will be closed:

5.

Meal	ADP	Start/End Time
		/
		/
		/
		/

6. Number of operating days:

____October ____April
____November ____May
____December ____June
____January ____July
____February ____August
____March ____September

7. a. Method of meal service and site type:

☐ Urban ☐ Rural
☐ Self-prep ☐ Vended

b. If vended, name of vendor:

8. Are you using the SFSP Meal Pattern?

☐ Yes ☐ No

If no, which school menu planning option are you using?

9. Is this site:

A licensed child care center?

☐ Yes ☐ No

Is the site open only to enrolled summer school students?

☐ Yes ☐ No

10. Site participates in:

☐ School Lunch/Breakfast Program
☐ Child Care Food Program
☐ N/A

11. Provide the names of the school district and school from which the site draws its attendance:

District: _____

School: _____

State Agency Approval

Initial: _____ Date: _____

Site Eligibility Code: _____

SELECT ONE ROW. CHECK ONE BOX IN EACH COLUMN.

	Site Type	Eligibility
12. <input type="checkbox"/> Open or <input type="checkbox"/> Restricted-open If restricted-open, explain the reason: _____ _____ _____	<input type="checkbox"/> Recreation <input type="checkbox"/> School <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Migrant <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> School Data 50% receiving Free/Reduce priced meals <input type="checkbox"/> Census Track/Housing Authority <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> Migrant Organization Letter

	Site Type	Eligibility
13. <input type="checkbox"/> Closed-Enrolled or <input type="checkbox"/> Camp	<input type="checkbox"/> Recreation <input type="checkbox"/> Educational <input type="checkbox"/> Migrant <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Eligibility Applications <input type="checkbox"/> Migrant Letter <input type="checkbox"/> Roster (Homeless Sites Only)

	Site Type	Eligibility
14. <input type="checkbox"/> National Youth Sports Program (NYSP)	Closed-Enrolled	<input type="checkbox"/> Letter certifying that all children who will receive program meals are enrolled participants in the NYSP <input type="checkbox"/> School Data <input type="checkbox"/> Eligibility Forms

15. If site is "open," indicate the geographic area to be served.

16. Describe how the site supervisor(s) will communicate with the sponsor to adjust the number of meals delivered in accordance with the daily attendance and other problems at the site.

17. Describe your plan for the receipt and storage of meals before the meal service time.

18. Describe your plan for the storage or disposal of leftover meals or components.

19. Describe your plan for serving meals during inclement weather.
